

COVID-19 Guidance for Child Care Programs

These recommendations are intended to provide guidance for the following:

- Family Child Care Facilities
- Group Child Care Facilities
- Child Care Centers

These recommendations should be used in conjunction with CDC's guidance for administrators of child care programs and K-12 schools. This guidance does not supersede applicable federal, state, and local laws and policies for child care programs.

Child care facilities that continue to remain open or that are preparing to reopen should follow the guidance issued by the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health (DOH). Please visit [DOH](#) and [CDC](#) for the most up to date information on COVID-19.

General:

- Every child care program should have a plan in place to protect staff, children, and their families from the spread of COVID-19. Consult with the Allentown Health Bureau and the PA Department of Human Services to determine the most appropriate plan and action.
 - It is suggested that child care providers publicly post their implementation strategies to mitigate the further spread of COVID-19 and to inform parents of new procedures and expectations.
- Ensure adequate cleaning supplies and personal protective equipment (PPE) are obtained prior to opening to support hand hygiene behaviors and routine cleaning of objects and surfaces. Cloth masks are acceptable.
- Conduct Health Screens of all staff and children prior to allowing entrance into the facility and monitor staff and child health throughout the day. Persons who have a fever of 100°F or above or other signs of illness should not be admitted to the facility.

Safe methods for this include:

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility.
 - Make a visual inspection of staff and children for signs of illness.
 - Wear PPE such as masks and gloves.
 - Disinfect frequently touched surfaces between uses by different people.
- Not allow staff and children to enter the child care facility if:
 - They have tested positive for or are showing COVID-19 symptoms.
 - They have recently had potential exposure with a person with COVID-19.
 - A potential exposure means being in a household or having close contact within 6 feet of an individual with a confirmed or suspected COVID-19 case for at least 15 minutes during the case's infectious period.
 - Persons with COVID-19 are considered infectious from 2 days before onset of symptom until the end of isolation (discussed below in "Discontinuing at home isolation").
- Designate a room in the facility as an isolation room to isolate sick staff and children if symptoms develop after arrival.

- Develop a plan to ensure proper ratios are maintained in the event of increased staff absences. Coordinate with other local child care facilities if additional certified and verified staff members are required.
- Follow CDC guidelines on disinfection. Additionally,
 - Contaminated clothes (drool bibs, soiled clothing from bathroom accidents, vomit, nasal mucous) should be placed in a plastic bag or washed in a washing machine.
 - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Hand washing of staff and children prior to and after diapering is recommended in addition to the normal infection control policies that should be in place at the facility as required by City of Allentown Child Care Ordinance and State regulations.

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting.
- Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- All cleaning materials must be kept secure and out of reach of children per regulations.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Staff:

- Require staff to adhere to everyday preventative actions:
 - Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Wash hands as soon as possible, and before the next task.
 - Always wash hands with soap and water if hands are visibly dirty.
 - Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
 - Clean and disinfect frequently touched surfaces.
 - Cover cough and sneezes with your elbow or arm, instead of your hands.
 - Cover your mouth and nose with a cloth face covering when you have to go out in public.
 - Wear face coverings or masks whenever possible within the facility.
- Staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Staff should be prepared with several long-sleeved shirts or changes of clothes in case of contamination.
- Staff should wash their hands, neck, and anywhere touched by a child's secretions.
- Staff should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.

- All babies requiring burping or holding that may contaminate staff clothing should have their own burp cloths or blankets to be used only with that child.

Children:

- Face coverings for children over the age of 2 years old are still recommended by the CDC when feasible, especially for older youth, particularly in indoor or crowded locations. Cloth masks are acceptable.

Cloth face coverings should not be placed on:

- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance;
- Children 2 years of age or younger; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral reasons.
- Parents should supply several changes of clothes for children in care in case of contamination.

Social Distancing Strategies:

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - If possible, at nap time, ensure that children's naptime mats or cribs are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Encourage administrative staff to work remotely.

Pick-Up/Drop-Off:

- Hand hygiene stations are recommended to be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have child care providers greet children outside as they arrive.
 - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - Infants could be transported in their car seats. Store car seat out of children's reach.

- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.
- Require parents/guardians that drop off and pick up children to be masked.

Toys:

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning.
- Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Food Service and Feeding:

- Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.
- Do not serve meals in a cafeteria or group dining room. Serve meals in classrooms instead. Do not serve meals family-style; plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Use disposable utensils, plates, and cups whenever possible.
- Assure proper sanitizing of all food preparation equipment and utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

Confirmed Positive COVID-19 Cases and Exposure to COVID-19:

For confirmed positive COVID 19-cases:

- If the child is in care when the test results are confirmed positive, the child should be isolated until the appropriate party arrives to pick them up.
- Follow the “Discontinuing at home isolation” guidance below for timelines on returning to the child care setting.
- The facility must close for a period of 48 hours following the confirmed positive COVID-19 case so that the facility can be cleaned and disinfected properly.
- The operator shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).

***An outbreak is defined as a single positive COVID-19 case.**

- The facility must report positive COVID-19 cases to the Department of Health (DOH) as per 55 Pa. Code §3270.136(d), §3280.136(d), and §3290.136(d). The facility must also report positive COVID-19 cases to the Pennsylvania Department of Human Services (DHS).
- The facility should develop a process to inform child care staff of positive COVID-19 cases.

Exposure to a person who tests positive for COVID-19:

Exposure is defined as being within 6 feet of the individual who tests positive for COVID-19 for a period of 15 minutes or more. It also means coming into direct contact with droplets from a COVID-19 positive individual. Persons who test positive are considered infectious 48 hours before the onset of symptoms. Persons testing positive but do not have symptoms are considered infectious 2 days after exposure (if known) or starting 2 days before test date (if exposure is unknown).

If a staff person, household member, or a child is exposed to an individual who tests positive for COVID-19:

- It is strongly recommended and highly encouraged that they self-quarantine for a period of 14 days based on the CDC guidance.
- If a child becomes ill at the facility, the operator shall notify the child’s parent as soon as possible.
- The operator shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health as per 55 Pa. Code §3270.136(b), §3280.136(b), and §3290.136(b).
- The facility must report when a staff person, child, or household member is exposed to a positive COVID-19 case to the DHS and DOH.
- The facility should develop a process to inform child care staff of possible exposure to a positive COVID-19 case.

Discontinuing at home isolation:

There are different strategies for discontinuing home isolation. Options include a symptom based (i.e., time-since-illness-onset and time-since-recovery strategy) or test based strategy. Child care providers should utilize the strategy that is best for their facility and that maintains the health and safety of children in care.

1) Symptom-Based Strategy

Individuals with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

2) Test-Based Strategy

- Individuals who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative COVID-19 test results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).

For Persons Who Tested Positive but have NOT had COVID-19 Symptoms in Home Isolation:

1) Time-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the symptom-based or test-based strategy should be used.

2) Test-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative COVID-19 results from at least two consecutive respiratory specimens collected 24 hours or more apart (total of two negative specimens).
- The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. Any individual who becomes ill should contact their medical provider for advice or testing. For any individual who has been exposed to COVID-19 as described above, or who tests positive for COVID-19, follow the information outlined above.